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CST MULTIPURPOSE ENGINEERING EVALUATION

Date of visit _____
Client Name _____
Address _____ Home phone _____
City _____ State _____ Zip _____
Highest level of school completed _____
VME Contact Name _____ Phone # _____
Medical/Social Worker _____ Phone # _____
Medical Condition _____

Limiting Abilities for Engineering Solutions _____

Desired Solution _____

Description of Solution purpose _____

Previous Solutions tried _____

Does a commercial solution exist? _____ What? _____

Is modification of a commercial solution required? Yes ☐ No ☐

Is modification of a commercial solution possible? Yes ☐ No ☐

Technical requirements of solution _____

Additional Comments _____